FPractitioner's Docket No. D-1212

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appellants:

Randall Jenkins, et al.

Confirmation No. 7493

Application No.:

10/788,917

Art Unit 2876

Filed:

February 27, 2004

Examiner Steve Paik

Title:

Currency Cassette Access Based On Facial Recognition

Mail Stop Appeal Brief - Patents Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES (37 C.F.R. §41.31)

Appellants hereby <u>request reinstatement</u> of their appeal pursuant to 37 C.F.R. § 41.31. Appellants hereby appeal to the Board the decision of the Primary Examiner, mailed January 25, 2006 regarding all unallowed claims (including rejected claims 1, 45-48, 50-58, 60-65, and 67-70). No fee is deemed required.

1. STATUS OF APPLICANT

This application is on behalf of other than a small entity.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. § 41.20(b)(1), the fee for filing the Notice of Appeal is:

Other than a small entity

\$500.00

Previously paid Notice of Appeal fee

\$500.00

Notice of Appeal fee due

\$ 0.00



The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicants have inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Additional Notice of Appeal fee

\$0.00

TOTAL FEE DUE

\$0.00

5. FEE PAYMENT

A fee (\$500) has already been paid for a previously filed Notice of Appeal. If necessary, please apply the previously paid fee herein.

The Commissioner is authorized to charge any necessary fee associated with the filing of this Notice of Appeal and any other fee due to Deposit Account No. 09-0428 (InterBold).

6. FEE DEFICIENCY

If any additional time extension and/or fee is required, this is a request therefor and to charge Deposit Account No. 09-0428 (InterBold).

If any additional fee for claims is required, charge Deposit Account No. 09-0428 (InterBold).

SIGNATURE OF PRACTITIONER

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